

DEB/AJC/jcc

05/19/00



NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

AF/1632#
RECEIVED
MAY 25 2000
TECH CENTER 1600/2900
113
1613
0531-00

Applicant(s): Walter H. Günzburg, David Winder and Robert M. Saller

Serial No.: 08/999,690

Group Art Unit: 1633

Filed: September 8, 1997

Examiner: D. Clark

For: Vectors Carrying Therapeutic Genes Encoding Antimicrobial Peptides for Gene Therapy

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on <u>5/19/00</u>	<u>Jenine Crump</u>
Date	Signature
<u>Jenine Crump</u>	
Typed or printed name of person signing certificate	

Assistant Commissioner for Patents
Box AF
Washington, D.C. 20231

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated November 22, 1999 of the Primary Examiner finally rejecting claims 1-26. The item(s) checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated November 22, 1999 for three month(s) from February 22, 2000 to May 22, 2000.
2. ☐ A ☐ month extension of time to respond to the Office Action Made Final dated ☐ was filed on ☐ with payment of a \$☐ fee.

☐ Applicant hereby petitions for an additional three month extension of time to respond to the Office Action Made Final.
3. ☐ An Oral Hearing before the Board of Appeals is respectfully requested.

05/24/2000 VVAN11 00000072 08999690

01 FC:117
02 FC:119

870.00 GP
300.00 GP

4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three month(s)		\$ 870
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	([] mo.)	\$ _____
	Less fee paid	([] mo.)	- \$ _____
	Balance of fee due		\$ 0
<input type="checkbox"/>	Oral Hearing		\$ _____
<input checked="" type="checkbox"/>	Notice of Appeal		\$ 300
<input type="checkbox"/>	Other _____		\$ _____
	TOTAL		\$ 1170

5. The method of payment for the total fees is as follows:

☒ A check in the amount of \$1,170.00 is enclosed.

☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Anne J. Collins
Anne J. Collins

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Lexington, Massachusetts 02421-4799

Date: May 19, 2000